STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G442		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING  (X3) DATE SURVEY  COMPLETED  11/26/2013			
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN			STREET 402 EV	ADDRESS, CITY, STATE, ZIP CODE VING LN RSONVILLE, IN 47130	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K010000	Survey was con State Department with 42 CFR 48  Survey Date: 1  Facility Number Provider Number AIM Number:  Surveyor: Mark Specialist  At this Life Safe Community Alt found not in con Requirements for Medicaid, 42 Characteristics after Safety from of the National Association (NECOde (LSC), Characteristics and Community Alteristics and Community Alteristics and Community Alteristics after Safety from of the National Association (NECODE (LSC), Characteristics and	1/26/13  r: 000956 er: 15G442 100244760  c Bugni, Life Safety Code  ety Code survey, Res Care ernatives SE IN was inpliance with or Participation in FR Subpart 483.470(j), in Fire and the 2000 edition	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2014 FORM APPROVED OMB NO. 0938-0391

15G442		A. BUILDING B. WING  O1  COMPLETED 11/26/2013			ETED		
					ADDRESS, CITY, STATE, ZIP CODE		
	PROVIDER OR SUPPLIER RE COMMUNITY AL	TERNATIVES SE IN		402 EW JEFFER	'ING LN RSONVILLE, IN 47130		
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	rooms. The faciliand had a census survey.  Calculation of the Score (E-Score) of Alternative Approximate Chapter 6, rated an E-Score of 0.3  Quality Review be Safety Code Specon 12/03/13.  The facility was a second control of the source of	by Robert Booher, Life cialist-Medical Surveyor found not in compliance ntioned regulatory					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: M8CI21

Facility ID: 000956

If continuation sheet Page 2 of 7

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE		
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUI	A. BUILDING 01 COMPLETED			
		15G442	B. WIN	IG		11/26/	2013
NAME OF P	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
				402 EW			
RES CAF	RE COMMUNITY AI	_TERNATIVES SE IN		JEFFEF	RSONVILLE, IN 47130		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
K01S056	483.470(j)(1)(i) LIFE SAFETY COPROMPT Where an automatinstalled, for either coverage, the system in a The adequacy of documented to the jurisdiction.  Exception No. 1: facilities, an automatic facilities, an automatic facilities, an automatic facilities, an automatic facilities, and two family Defended in the Installation of and two Family Defended in the Installation of and two facilities, is permitted are not required in sq. ft. and in bath sq. ft., provided the finished with lath	atic sprinkler system is er total or partial building stem is in accordance with 3.5.2 and activates the fire accordance with 33.2.3.4.1. Ithe water supply is e authority having  In prompt evacuation matic sprinkler system in NFPA 13D, Standard for Sprinkler Systems in One wellings and Manufactured and Automatic sprinklers in closets not exceeding 24 rooms not exceeding 55 mat such spaces are and plaster or materials nute thermal barrier.		me			
	evacuation capable automatic sprinkle with NFPA 13, St of Sprinkler Systemate not required in sq. ft and in bathreft., provided that with lath and plass 15 minute thermate Exception No. 4: evacuation capable including four storaccordance with lath and plass 15 minute thermate.	In prompt and slow bility facilities where an er system is in accordance andard for the Installation ems, automatic sprinklers in closets not exceeding 24 rooms not exceeding 55 sq. such spaces are finished ter or material providing a all barrier.  In prompt and slow bility facilities up to and ries in height, systems in NFPA 13R, Standard for Sprinkler Systems in					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: M8CI21

Facility ID: 000956

If continuation sheet

Page 3 of 7

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	01	COMPLETED	
		15G442	B. WING			11/26/2013	
NAME OF B	NOTABLE OF CLIPPLIED		<u> </u>	STREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			402 EW	ING LN		
	RE COMMUNITY AI	LTERNATIVES SE IN		JEFFER	RSONVILLE, IN 47130		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
		pancies up to and Including eight, are permitted.					
	Exception No. 5:	Not applicable					
	system is not req	Initiation of the fire alarm uired for existing cordance with 33.2.3.5.5.					
	SLOW Where an automa installed, for either coverage, the system in accordance adequacy of the votate to the authority has exception No. 1:  Exception No. 2:  Exception No. 3:  evacuation capabate automatic sprinklet	atic sprinkler system is er total or partial building stem is in accordance with activates the fire alarm ance with 33.2.3.4.1. The water supply is documented aving jurisdiction.					
	are not required in sq. ft. and in bath sq. ft., provided th	ems, automatic sprinklers n closets not exceeding 24 rooms not exceeding 55 nat such spaces are and plaster or material					
	Exception No. 4: evacuation capabincluding four storaccordance with I the Installation of Residential Occur	nute thermal barrier.  In prompt and slow bility facilities up to and ries in height, systems in NFPA 13R, Standard for Sprinkler Systems in pancies up to and Including eight, are permitted.					
	Exception No. 5:	Not Applicable					

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Event ID: M8CI21

Facility ID: 000956

If continuation sheet Page 4 of 7

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	
		IDENTIFICATION NUMBER:	A. BUILDING 01			COMPLETED	
		15G442	B. WIN	IG		11/26/	2013
NAME OF P	PROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
RES CAF	RE COMMUNITY AI	LTERNATIVES SE IN		402 EW	'ING LN RSONVILLE, IN 47130		
(X4) ID		TATEMENT OF DEFICIENCIES		ID			(X5)
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TAG		LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
	Exception No. 6: system is not requinstallations in accordance of the coverage, the system in accordance adequacy of the voto the authority has 3.2.3.5.2.  Exception No. 1: Exception No. 2: evacuation capable sprinkler system in 13D, Standard for Sprinkler Systems Dwellings and Mason minute water is habitable areas a Automatic sprinkle bathrooms not exthat such spaces plaster or material thermal barrier.  Exception No. 3: Exception No. 3: Exception No. 4: Exception No. 5: capability facilities stories in height, so Sprinkler Systems Occupancies up to the systems occupan	Initiation of the fire alarm uired for existing cordance with 33.2.3.5.5.  atic sprinkler system is er total or partial building stem is in accordance with activates the fire alarm ance with 33.2.3.4.1. The water supply is documented aving jurisdiction.  Not Applicable.  In slow and impractical bility facilities, an automatic in accordance with NFPA or the Installation of is in One and Two Family anufactured Homes, with a supply, is permitted. All indictored Homes, with a supply, is permitted. All indictored in acceding 55 sq. ft., provided are finished with lath and als providing a 15 minute.  Not Applicable.  Not Applicable.  In impractical evacuation is up to and including four systems in accordance with dard for the Installation of					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: M8CI21

Facility ID: 000956

If continuation sheet Page 5 of 7

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2014 FORM APPROVED OMB NO. 0938-0391

SAME OF PROVIDER OR SUPPLIER   156442   STREET ADDRESS CITY, STATE, ZIT CODE   402 EVING L   JEFFERSOWNILLE, IN 47130   JEFFERS	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFET (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG REGULATORY OR IX EDITIVITY MEDICAL IN A Undersite sprinklers are not required in bathrooms not exceeding 55 s.g. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.  Exception No. 6: initiation of the fire elarm system is not required for existing installations in accordance with 3.2.3.5.5. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years or replaced. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7.5 requires automatic sprinkler systems to be in accordance with NFPA 25, Standard for the Inspection, Testing, and Manitenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11126/13 at 11:15 a.m., the Simplex	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 01			COMPLETED			
RES CARE COMMUNITY ALTERNATIVES SE IN  IN 19 D  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ftt., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.  Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.  Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years or replaced. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex			15G442	B. WIN	G		11/26/	2013	
RES CARE COMMUNITY ALTERNATIVES SE IN  INC. A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATIONS OF LISC DENTIFYING INFORMATION)  TAG REGULATIONS OF LISC DENTIFYING INFORMATION TAG PRECEDED BY FULL TAG REGULATIONS OF LISC DENTIFYING INFORMATION TAG PRECEDED BY FULL TAG REGULATIONS OF LISC DENTIFYING INFORMATION TAG DESCRIPTION TO DATE    Abbitable areas and closets are sprinklered. Automatic sprinkler are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.    Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years or replaced. LSC 33.2.3.5.2 requires suntomatic sprinkler systems be in accordance with 9.7 and 9.7.5 requires automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
SUMMARY STATEMENT OF DEFICIENCIES   THE PRECIDED BY BUILT   TAG   SUBJECT									
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.  Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.  Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler gauges was tested every five years or replaced. LSC 33.2.3.5.2 requires sprinkler systems to be in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-3.2 states gauges shall be replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex	RES CAF	RE COMMUNITY AI	LIERNATIVES SE IN		JEFFE	RSONVILLE, IN 47130			
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replaced every five years or tested every five years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex						Caroty Codo Standard.			
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gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex			3						
percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all clients in the facility.  Findings include:  Based on record review with the residential coordinator and home manager on 11/26/13 at 11:15 a.m., the Simplex									
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2014 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G442		A. BUILDING B. WING  D1  COMPLETED 11/26/2013				
	PROVIDER OR SUPPLIER RE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 402 EWING LN JEFFERSONVILLE, IN 47130				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPROPRIES OF CROSS-REFERENCED TO THE APPROPRIES OF CROSS-REFERENCED TO THE APPROPR	E COMPLETION			
	09/03/13, and 08/27/12 did not indicate if the sprinkler riser water gauge had been replaced or list the last date the sprinkler gauge was recalibrated. Based on observation of the sprinkler gauge in the sprinkler riser room in the laundry room on 11/26/13 at 11:55 a.m. with the residential coordinator and home manager, the sprinkler gauge did not have a date on the face of the gauge or have any date written on the gauge to indicate a replacement date. This was verified by the residential coordinator and home manager at the time of observation and the exit conference on 11/26/13 at 12:25 p.m.					

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